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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

23144

First Name of Inventor

Brian MACLEAN

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLARIFIER COVER

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under 35 U.S.C. 120 and 121 for patent application having a filing date before that of the present application

Prior USA Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
10/120,431	United States	04/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **26,975** OR ☐ Correspondence address below

Name



26975

Address

PATENT TRADEMARK OFFICE

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Brian

Family Name
or Surname

MACLEAN

Inventor's
Signature

Date

July 8, 2003

Residence: City

Fredericton

NEW BRUNSWICK

State

CANADA

Country

CANADIAN

Citizenship

Mailing Address

1133 Regent Street, Suite 300

City

Fredericton

New Brunswick

State

E3B 3Z2

ZIP

CANADA

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

Brent M.

Family Name
or Surname

HOWE

Inventor's
Signature

Date

July 8, 2003

Residence: City

Fredericton

New Brunswick

State

CANADA

Country

CANADIAN

Citizenship

Mailing Address

1133 Regent Street, Suite 300

City

Fredericton

New Brunswick

State

E3B 3Z2

ZIP

CANADA

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

(Mario Theriault, Reg. # 40,368)

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

Brian MacLean

Clarifier Cover

23144

I hereby appoint:

☒ Practitioners at Customer Number

26,975

OR

☐ Practitioner(s) named below:

26975

PATENT TRADEMARK OFFICE

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

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Address

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State

Zip

Country

Telephone

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I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Mr. Brent M. Howe

Signature

Date

July 8, 2003

Telephone

506-452-9000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of two forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT****(Mario Theriault, Reg. # 40,368)****Application Number****Filing Date****First Named Inventor****Title****Art Unit****Examiner Name****Attorney Docket Number****Brian MacLean****Clarifier Cover****23144**

I hereby appoint:



Practitioners at Customer Number

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Mr. Brian MacLean

Signature

Date

Telephone

506-452-9000

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